

COMMONWEALTH OF MASSACHUSETTS

EQUIPMENT/SERVICES CONFIRMATION FORM

This form is issued jointly by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all departments and contractors. Any changes or electronic alterations by either the department or the contractor to the official printed version of this form, as jointly published by ANF, CTR and OSD, shall void the form. This form may be used to confirm the selection of equipment and services which are covered under a current contract. Conflicting or additional terms, conditions or agreements, included in or attached to this form which conflict with the terms of the contract shall be considered to be superseded and void.

DOC ID NUMBER: _____

FISCAL YEAR: _____

| | | |
|--|---|-------------|
| DEPARTMENT: | CONTRACTOR: | |
| Contact Person: | Contact Person: | |
| Phone: | Phone: | |
| Fax: | Fax: | |
| Billing Address: | Contractor Address: | |
| Contact: _____ Phone: _____ | | |
| Delivery Address: _____ (Check here if same address as above) | (Check the applicable box below) _____ Service _____ Rental (not to exceed 6 months) _____ Maintenance _____ TELP lease/purchase (intent to own) _____ Term lease _____ Commodity _____ Outright purchase | |
| Contact: _____ Phone: _____ | | |
| Price Agreement or MSA number (whichever is applicable): | Equipment category/class: | |
| Start date of this agreement: | Termination date of this agreement: (may not exceed termination date of contract) | |
| Confirmation of equipment or services selected from the contract: (Include description here and any related costs, prices, or options.) Attach additional pages as necessary. | | |
| Description | Quantity | Rate |
| | | |

In witness whereof, the contractor certifies that the equipment or services identified in this confirmation form shall be provided in accordance with the contract on file at OSD, CTR or at the procuring department.

FOR THE DEPARTMENT:

FOR THE CONTRACTOR:

X: _____
(Signature)

X: _____
(Signature)

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____